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CONFIRMATION NO. 2394

Bib Data Sheet

|   |   |  |                        |                                     |                            |
|---|---|--|------------------------|-------------------------------------|----------------------------|
| SERIAL NUMBER<br>10/796,462   | FILING DATE<br>03/09/2004<br>RULE   | CLASS<br>552   | GROUP ART UNIT<br>1617 | ATTORNEY<br>DOCKET NO.<br>Y03-078US |                            |
| APPLICANTS<br><br>Richard Hochberg, Guilford, CT;   |   |  |                        |                                     |                            |
| ** CONTINUING DATA *****<br>This appln claims benefit of 60/456,374 03/21/2003            |   |  |                        |                                     |                            |
| ** FOREIGN APPLICATIONS *****   |   |  |                        |                                     |                            |
| IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY **<br>** 05/24/2004           |   |  |                        |                                     |                            |
| Foreign Priority claimed<br>35 USC 119 (a-d) conditions met<br>Verified and Acknowledged  | <input type="checkbox"/> yes <input checked="" type="checkbox"/> no<br><input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after<br>Allowance<br>BDS<br>Examiner's Signature<br>Initials | STATE OR<br>COUNTRY<br>CT  | SHEETS<br>DRAWING<br>4 | TOTAL<br>CLAIMS<br>32               | INDEPENDENT<br>CLAIMS<br>3 |
| ADDRESS<br>Henry D. Coleman<br>714 Colorado Avenue<br>Bridgeport, CT<br>06605-1601        |   |  |                        |                                     |                            |
| TITLE<br>15Alpha-substituted estradiol carboxylic acid esters as locally active estrogens |   |  |                        |                                     |                            |
| FILING FEE<br>RECEIVED<br>558   | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following:   | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____ |                        |                                     |                            |

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